SURFACE WATER SAMPLING FORM

Site Name	Permit No.
Surface Monitoring Point No.	Date/Time
Name of person sampling	

A. TYPE OF MONITORING POINT	
Stream	Open Tile
Road Ditch	Tile with Riser
Drainage Ditch	Other (describe)

B. PURPOSE OF MONITORING POINT		
Upstream	Downstream	
Within Landfill	Other (describe)	

Please mail completed form to: Iowa Department of Natural Resources, Energy and Waste Management Bureau, 502 E. 9th Street, Des Moines, IA 50319-0034.

Questions? Call or Email: Nina Koger Environmental Engineer Sr., 515-281-8986, nina.koger@dnr.state.ia.us

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C. MONITORING POINT CONDITIONS				
General description/condition of monitoring point				
Was monitoring point dry?	Too little water to	o sample?		
Was water flowing? (please circle)	YES	NO		
If yes, estimate quantity	es, estimate quantity If yes, estimate depth			
Was water discolored? (please circle)	YES	NO		
If yes, describe	l			
Does water have odor? (please circle)	YES	NO		
If yes, describe				
Was ground discolored? (please circle)	YES	NO		
If yes, describe				
Litter present? (please circle)	YES	NO		
If yes, describe				

D. FIELD MEASUREMENT	
Weather Conditions	
Field N	leasurements (after stabilization):
Temperature	Units
Equipment Used	
D. FIELD MEASUREMENT (continued	
рН	
Equipment Used	
Specific Conditions	Units
Equipment Used	

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CERTIFICATION I certify under penalty of law I believe the information reported above is true, accurate and complete.			
Signature		Date	
Telephone	Fax	Email	
NOTE: Attach 8-1/2" X 11" site plan showing locations of all surface and groundwater monitoring points. One map per sampling round.			

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